

09/02/2003 TUE 15:36 FAX 570 752 5918 Saba, Endler & Assoc LLP

004/005

THE BLOOMSBURG HOSPITAL

BLOOMSBURG, PA 17815

HISTORY AND PHYSICAL EXAMINATION

RAMOS, MANUEL

Bill No: 30105068

MR No: 289236

Admission Date: 01/07/1999

Attending Physician: Peter J Terhaar, D.O.

Dictating Physician: Peter J Terhaar, D.O.

Patient Location: 2STH 210

CHIEF COMPLAINT: Manuel is a 54-year old Hispanic male, inmate of Lewisburg Correctional Facility, who injured his right thumb while incarcerated at Allenwood Facility approximately 18-19 months ago. He was wrestled down to the floor by a guard and there was apparently a jamming type of injury to the involved digit. He complained of significant pain and instability to the joint ever since. Radiographs taken on 2/9/98 revealed a navulging fracture involving the distal metacarpal at the ulna collateral ligament origin. It was felt that he would benefit from operative intervention.

PAST MEDICAL HISTORY/PAST SURGICAL HISTORY: Unobtainable at the present time.

MEDICATIONS: Unknown at the present time.

REVIEW OF SYSTEMS: Unknown at the present time.

PHYSICAL EXAMINATION:

HEENT: Normocephalic for patient's age and body habitus. **PERRLA.** **EOMI.**

HEART: Heart rate is regular and rhythmic without murmurs. Negative S3, S4.

LUNGS: Clear to auscultation in all fields. Negative rales, negative rhonchi.

ABDOMEN: Bowel sounds physiologic in all quadrants. Negative rebounding, negative tenderness, negative masses noted.

GENITOURINARY/RECTAL: Deferred.

EXTREMITY EXAMINATION: There was exquisite tenderness involving the ulnar collateral ligament origin on the metacarpal head with 2+ positive radial stress test. He had full range of motion of the involved metacarpal phalangeal joint. Review of the radiographs reveals a navulging fracture involving the ulnar aspect of the metacarpal head.

IMPRESSION:

Game Keeper's Thumb with a Grade 3 Injury involving the Ulnar Collateral Ligament.

PLAN:

It was felt that he would benefit from operative intervention. We will explore the condition of the ulnar collateral ligament. This is extremely attenuated. We will likely perform a palmares longus graft to reconstruct the ligament. He was informed of the risks, complications, expected benefits, recovery period associated with the procedure, including the risk of infection, nerve and artery damage, reaction to the anesthesia, such as nausea, vomiting, allergies, the risk of recurrence and so forth. Consents were signed. Questions were answered. He is scheduled for the surgical procedure.

History and Physical Examination

Page 1 of 2

This report made possible through the generous support of the Bloomsburg Hospital Auxiliary.

Copy for Peter J Terhaar, D.O.

EXHIBIT "B"

09/02/2003 TUE 15:36 FAX 570 752 5918 Saba, Endler & Assoc LLP

005/005



HISTORY AND PHYSICAL EXAMINATION.

RAMOS, MANUEL
Bill No: 30105068
MR No: 289236

Peter J Terhaar, D.O.

cc: Peter J Terhaar, D.O.
PJT:cn
Doc#: 12744
Job#: 9996

D: 01/07/1999; 1:13 A
T: 01/07/1999 7:07 A